PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

00/20989

| Ellective October 1, 2000 | | | | | | | | 00120131 | | | | | |
|--|--|---|----------------|-----------|--|------------------|-------------------|------------|-----------------------|-------------------------------|---------------------|-----------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | _ | MALL EN | | OTHER THAN OR SMALL ENTITY | | | |
| TOTAL CLAIMS | | | 3-F | | | | Γ | RATE | FEE | ſ | RATE | FEE | |
| | | | NUMBER FILED | | NUMBER EXTRA | | ţ | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| FOR | | | 3 + minus 20= | | . 17 | | t | X\$ 9= | | OR | X\$18= | | |
| TOTAL CHARGEABLE CLAIMS | | | | | 1 1 1 | | | | 53 | l | X80= | | |
| INDEPENDENT CLAIMS | | | minus 3 = | | | | | X40= | 40 | OR | X60= | | |
| MU | LTIPLE DEPEN | DENT CLAIM PR | RESENT | | | | | +135= | | OR | +270= | | |
| * If the difference in column 1 is less than zero | | | | | er "0" in co | lumn 2 | | TOTAL | 548 | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | (Column 3) | | SMALL | | OR | OTHER SMALL | ENTITY | |
| _ | | (Column 1) CLAIMS | | | HEST | | | | ADDI- | 1 | | ADDI- | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | PREV | MBER YIOUSLY D FOR | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | * | Minus | ** | 37 | # | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | 4 | = | | X40= | | OR | X80= | | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DE | PENDE | NT CLAIM | | j | +135= | | OR | +270= | | |
| | | | | | | | | TOTAL | | OR | TOTAL ADDIT, FEE | | |
| | | | | | -7 | /O. I | | ADDIT. FEE | | | ADDIT. I CL | | |
| | | (Column 1) | | | lumn 2) GHEST | (Column 3) | 4 | | ADDI- | 7 | | ADDI- | |
| NT B | | CLAIMS REMAINING AFTER AMENDMENT | | NI PRE | JMBER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE | |
| AMENDMENT | Total | + 3) | Minus | 3 | | = | | X\$ 9= | | OF | X\$18= | | |
| N | Independent | . 4 | Minus | *** | | <u> </u> | 1 | X40= | | OF | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | L | +135= | | OF | +270= | | |
| | | | - | | | | | TOTAL | | OF | TOTA | | |
| | | | ٠ | | | | | ADDIT. FEE | L | _ _ _' | ADDIT. FE | . E. <u> </u> | |
| | | (Column 1) | | | lumn 2) | (Column 3 | 3) | | | _ | | 1 | |
| OIN | | CLAIMS REMAINING AFTER AMENDMENT | | N PRE | IGHEST UMBER EVIOUSLY AID FOR | PRESENT EXTRA | | RATE | ADDI- TIONA FEE | | RATE | ADDI- TIONA FEE | |
| AMENDMENT C | Total | * | Minus | ** | | = | | X\$ 9= | | OF | R X\$18= | <u> </u> | |
| | Independent | * | Minus | *** | | - | 4 | X40= | | 01 | R X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDEN | | | | ENT CLAIN | 1 | | +135= | | 01 | H +270= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" in This SPACE is less than 3, enter "3." | | | | | | | | TOTA | L | | TOT | AL | |
| | '* If the "Hiahest N | | Paid For IIV I | HIS SEA | OE 13 1000 W | and Contac "? | 20." " nber | ADDIT. FE | | | AUDIT. 1 | : | |